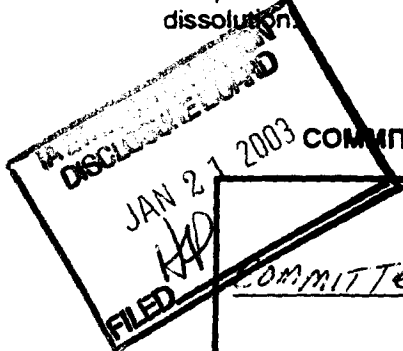


FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.



COMMITTEE NAME

Official Name of Committee

COMMITTEE TO ELECT JOE GRANANETTE FOR POLK COUNTY SUPERVISOR
Street

1504-HULL AVE

City, State, Zip Code

PM, IA 50316

Area
Code

Telephone

515) 262-6880

Effective date of dissolution:

_____, 19____

Joe Grananette

Signature of Treasurer

1/21/03

Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Joe Grananette

Signature of Candidate - Required for Candidate's Committee

1-20-03

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.

FORM

(Rev. 02/98)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 17335
Indexed db
Audited _____
Computer _____
Certified Date of Dissolution _____